

STATE OF UTAH

FUNCTIONAL ABILITY IN DRIVING:

GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

Utah residents are individually responsible for their health when driving. All applicants for licenses will complete a health questionnaire to show their functional ability to drive. If there is a significant health problem, they will take their medical and/or vision form to a health care professional, who will profile the category for the condition indicated or change it to be consistent with the true medical situation. The health care professional will be expected to discuss the applicant's health as it relates to driving and to make special recommendations in unusual circumstances. Based upon a completed Functional Ability Evaluation form/Certificate of Vision, the Driver License Division may issue a license with or without limitations as outlined in these Guidelines and Standards approved by the Utah Driver License Medical Advisory Board. Health care professionals can increase highway safety by carefully applying these guidelines and standards and counseling with their patients about driving.

Drivers' Responsibilities

The 1996 Utah State Legislature reaffirmed these responsibilities* related to physical, mental or emotional impairments of drivers:

1. Drivers are responsible to refrain from driving if "they have, or develop, or suspect that they have developed a physical, mental, or emotional impairment which may affect driving safety."
2. Drivers in such a situation are expected to seek competent medical evaluation and advice about the significance of the impairment as it relates to driving safety.
3. Drivers are responsible for reporting to the Driver License Division if "they have or develop, or suspect a physical, mental, or emotional impairment which may affect driving safety."

Health Care Professionals' Responsibilities

The same legislation applies to Utah health care professionals in these ways:*

1. Health care professionals may be requested by their patients to make reports to the Driver License Division about impairments which may affect driving safety, but the final responsibility for issuing a driver license lies with the Driver License Division.
2. In addition to making accurate reports when authorized by their patients, health care professionals are expected to counsel their patients about how their condition affects safe driving. For example, if patients are put on medications which may cause changes in alertness or coordination, their health care professional should advise them not to drive at least until a dosage is established which will not affect safe driving. Or, if visual acuity drops, they should similarly be advised, at least until corrective action has been taken to improve their vision. The following quotation from the 1996 law recognizes this important function:

"Health care professionals who care for patients with physical, mental, or emotional impairments that may affect their driving safety, whether defined by published guidelines and standards or not, are responsible for making available to their patients without reservation their recommendations and appropriate information related to driving safety and responsibilities." The guidelines and standards which follow will be a useful reference in such counseling.

Immunity in Reporting Potential Risks

The legislature eliminated a major obstacle for health care professionals with its provision that "A health care professional or other person who becomes aware of a physical, mental, or emotional impairment that appears to present an imminent threat to driving safety and reports this information to the division in good faith has immunity from any damages claimed as a result of making the report."*

***Utah Code Annotated 53-3-303.**

Utah Driver License Medical Advisory Board

A Driver License Medical Advisory Board was created to advise the Director of the Driver License Division and to recommend written guidelines and standards for determining the physical, mental and emotional capabilities appropriate to various types of driving. Members of the board have been appointed by the Commissioner of Public Safety to represent a variety of special areas.

If patients are uncertain about interpretations of these guidelines and standards or have special circumstances, they may request a review by a panel of board members. All of the actions of the Director and board are subject to judicial review. The board operates under bylaws approved by the Commissioner of Public Safety.

The board has developed the following functional ability profile guidelines and standards in an effort to minimize the conflict between the individual's desire to drive and the community's desire for safety. Through education, medical assistance and cooperative efforts, an ideal balance may be reached. Principles followed by the board in developing the guidelines and standards are shown on page 8.

Functional Ability Profile Categories

Functional ability to operate a vehicle safely may be affected by a wide range of physical, mental or emotional impairments. To simplify reporting and to make possible a comparison of relative risks and limitations, the Medical Advisory Board has adopted physical, emotional and behavioral functional ability profiles including 12 categories, with multiple levels under each category listed below. Vehicle operation history should be included as a significant part of a complete medical history.

CATEGORY A	Diabetes & Other Metabolic Conditions
CATEGORY B	Cardiovascular
CATEGORY C	Pulmonary
CATEGORY D	Neurologic
CATEGORY E	Epilepsy and Other Episodic Conditions
CATEGORY F	Learning, Memory and Communication
CATEGORY G	Psychiatric or Emotional Conditions
CATEGORY H	Alcohol and Other Drugs
CATEGORY I	Visual Acuity
CATEGORY J	Musculoskeletal Abnormality or Chronic Medical Debility
CATEGORY K	Alertness or Sleep Disorders
CATEGORY L	Hearing and Balance

Use of the Functional Ability Profile

When requested by the staff of the Driver License Division, applicants must report information regarding their physical, mental and emotional health. This may be in the form of a short screening questionnaire or a more extensive profiling outline. On completion of this and other requirements, a license may be issued immediately or the applicant may be requested to take a Functional Ability Evaluation/Certificate of Vision form to their own health care professional for confirmation of the profile or change as the health care professional believes is indicated.

These guidelines and standards contain twelve sections, one for each functional ability category. Each begins with a short narrative summary of basic concepts, definitions and working ground rules. Each summary is followed by a chart showing: (1) eight to ten profile levels based upon history, laboratory findings or other information; (2) profile levels which must be confirmed (or modified) by a health care professional; (3) intervals between health care professional confirmation of the profile; (4) license class and restrictions will generally be used by personnel of the Driver License Division to issue licenses consistent with the functional ability profile.

In almost all cases, a health care professional caring for a patient will have adequate information to profile the requested medical form(s). However, if there is a significant problem affecting driving which is outside their area of capability, ordinary medical practices should apply. For example, a condition requiring a specialized diagnosis or opinion would suggest a referral to an appropriate specialist before completing the profile. On the other hand, a specialist who has seen a patient only for a limited or technical service may: (1) decline to complete the full profile (especially if there are multiple medical conditions); (2) suggest patients see their personal health care professional; and (3) provide pertinent information to help in completion of the profile. In some circumstances where the limited condition is the only one affecting driving, a health care professional may profile the form based upon history without extensive examinations or tests if they are satisfied with the patient's reliability.

Where a driver applicant indicates no significant impairment other than visual, they may complete the visual portion of the Functional Ability Evaluation form. The Certificate of Visual Examination may be reported by licensed optometrists as well.

Reports should be based upon reasonably current information. In case of doubt, medical common sense should prevail. Since no special tests are required by the guidelines and standards beyond those needed by a health care professional for adequate diagnosis or treatment, no additional expense should result except in unusual circumstances or in cases where individuals may wish to submit additional information, such as a review by a recognized specialist in specific medical conditions, in preparation for review by a medical panel.

Reports of profiles must be signed by a health care professional licensed to practice, although they may rely upon portions of examinations done under their supervision.

The Medical Advisory Board conducted a six-month pilot program on medical information submitted by nurse practitioners and physician assistants. On March 28, 2002, the Medical Board made the decision that nurse practitioners and physician assistants could continue to evaluate, complete, and sign the Functional Ability Evaluation Medical report at all levels provided:

- 1) The nurse practitioner or physician assistant is adequately trained and qualified in the category they are evaluating; and,
- 2) If the nurse practitioner or physician assistant lacks information or training in a specific area, they will defer profiling the driver.

Functional Ability Evaluation Report

The Functional Ability Guidelines and Standards have been designed for use by all health care providers, but based on an administrative rule, the more serious conditions may require evaluation by a licensed MD or osteopathic physician.

Relation of Functional Ability Profiles to Driving Risk/Responsibilities

Operators of commercial intrastate vehicles fall under different licensing requirements. As far as possible, these have been incorporated into appropriate profiles. In 1997 the division began the Utah Intrastate Program for commercial drivers.

Setting limitations on driving for persons with impairments of functional ability works to increase public safety and at the same time to permit individuals a maximum degree of freedom of movement in two ways.

First, in cases of decreased vision or motor control, avoiding high speeds will reduce the number, as well as the seriousness, of accidents. Second, in situations of some increase in the chance of an accident, cutting down on the extent of exposure on the highway by limiting driving areas or times of day will reduce the total number of accidents and yet allow a person perhaps enough mobility to maintain a job with a single round trip each work day. These factors are difficult to define and measure but an effort has been made to accumulate and develop accurate data in order to refine limitations in the interest of safety.

In some cases, functional ability profiles indicating driving impairment in more than one category may be the basis for a more limited license than if there is only one impairment, but generally any limitation will relate to the single profile showing most impairment. As these functional ability profiles are used in determining driver licenses, data will be gathered as to the driving safety record of various groups as a basis for revision of the levels. Data secured from other sources will also be used. Denial of driving privileges based upon medical reasons does not constitute a "disability" as defined by the Americans with Disabilities Act.

Changes in Functional Ability

After a driver is licensed, they need not report short term illnesses or abnormalities lasting less than three months to the Driver License Division, provided they refrain from all driving until recovery to the previous level of function for which they were licensed. When a condition persists beyond three months or it becomes apparent that it will persist, it should be reported to the Driver License Division. The license may be revalidated as soon as the condition has become stable at a level appropriate for driving.

Suggestions and Questions

Health care professionals who use these guidelines and standards are invited to direct questions or suggestions to the Driver License Division or to any of the current members of the Medical Advisory Board.

Aspects of Licensing and Medical Certification of Commercial Intrastate Drivers

For the foreseeable future, these guidelines and standards will only apply to the licensing of commercial ***intrastate*** drivers.

The Utah State Driver License Medical Advisory Board has reviewed the Federal Department of Transportation requirements for commercial drivers and worked out an appropriate profile level for each category. The examining health care professional will need only mark the profile in the usual fashion. In general, a profile of 2, 3, and 4, depending on the category, may qualify the applicant for a commercial ***intrastate*** license.

Because of the greater responsibilities involved, this program will differ from the usual licensing procedures for private vehicle drivers in four ways:

- (1) A copy of the Functional Ability Evaluation form should be retained by the examining health care professional. The original should be given to the driver to submit to the Driver License Division. Drivers may make a copy and retain it for their use.
- (2) For a commercial intrastate license, a check on hearing is required (though not for a private vehicle). Thus, an additional profile Category L has been added. For a commercial intrastate license, an ability to perceive a forced whisper at five feet in the better ear, with or without use of a hearing aid, is satisfactory. Loss of between 40 - 65 decibels in the better ear may qualify for an intrastate commercial license. Loss of more than an average of 65 decibels in the better ear is disqualifying (ANS 224.5-1951).
- (3) Recognition of red, green and amber used in traffic lights may be tested with simple color cards, rather than more complex test devices.

- (4) For commercial intrastate licensing, the health care professional will be expected to mark all categories upon initial examination repeating this process every two years depending on the medical condition and profile level registered at the time of the examination. In appropriate cases, a report from an ophthalmologist, optometrist, other health care professional, or an audiogram may be attached.

Some experienced drivers have been "grandfathered" with slightly less rigid standards, but future drivers may not be. Some profile levels recommend "intrastate" commercial driving restrictions. Whether such restricted driving privileges may actually be issued is subject to federal and state approval.

In these guidelines and standards, notes have been placed at the end of the narrative for each profile category to assist in understanding the basis for reporting for commercial **intrastate** drivers. As before, the administrative responsibility for granting licenses rests with the State Driver License Division based upon medical information provided. This relieves the health care professional from vulnerability in having to certify the driver as "qualified to drive" under a complex set of regulations.

It is believed that these relatively minor modifications of our previous Functional Ability In Driving: Guidelines and Standards for Health Care Professionals which have been in use for over nineteen years will be simpler than establishing a whole new system to handle licensing of commercial **intrastate** vehicle drivers.

Application of Commercial Intrastate Medical Standards

The 2006 Functional Ability in Driving: Guidelines and Standards for Health Care Professionals has outlined the medical standards as applying to ALL commercial intrastate drivers, irrespective of the type of vehicle or cargo involved, i.e., Class A, B, C, and D of Utah's Classified License System.

- (1) Use of profiles will provide the only meaningful method of gathering data on health aspects of safety of commercial intrastate drivers.
- (2) Commercial intrastate drivers must be profiled in the appropriate categorie(s) in order to be considered for an intrastate license.
- (3) Also, pursuant to Utah Code Annotated 53-3-303.5 an intrastate driver is no longer able, or required to carry a Federal DOT card. The intrastate only (K) restriction is sufficient to indicate the driver has met the State of Utah medical guidelines for the commercial license he/she will hold.

